		EXPENSE CLAIM	•	See I	nstruction	ns and *Pr	ivacy				Page	1 of	1 F	Pages		
TD, 262 (REV. 10/92) Statement On						EWS! UALL	· · · · · · · · · · · · · · · · · · ·			Page 1 of 1 Pages						
_aimant's name {athryn Radtkey Gaither							CIVIETT	DIVIDER			Governor's Office					
DSITIO		utkey Gaitter	CB/ID NUMBE	ER .	DIVISION	DIVISION OR BUREAU					INDEX NUMBE					
Jnde	ersecre	etary				Office	Office of the Secretary of Educat						131			
	NCE ADDI				•		HEADQUARTERS ADDRESS						15 TELEPHON 916-322			
-	L Stre	eet #600	STATE		ZIP CODE	CITY	1121 L Street #600					STATE		ZIP CODE		
acramento CA			95814		Sacramento		•			CA		95814				
) MONTH/YEAR		(3)	(4)	(5)	MEALS	07.15	(6)	(7) (A)	TRANSPORTA		ATION		(8)	(9)		
									(B)	(C)	(D) PRIVATE CAR USE		BUSINESS	TOTAL		
)	1	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK-		O.T., L/T, N/C, RELO. OR DINNER	INCIDEN- TALS	COST OF	TYPE	CARFARE, TOLLS,	'		EXPENSE	FOR DAY		
DATE	TIME			FAST	LUNCH	OR DINNER	TALO	TRANS.	USED	PARKING	MILES	AMOUNT				
1	0530 -	Sacto/LA/Sacto		6.00		9.05		347.00		9.00	40.9	20.46		391.51		
<u> </u>	2000	Sacioren Sacio		0,00	<u> </u>	3.00		0-17.00		0.00	70.0	20:10				
4		Sacramento	<u> </u>						<u> </u>	10.00				10.00		
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240444		TOTALS		6.00		9.05		347.00		35.00	40.92	20.46		417.51		
		CODE (ACCTE USE ONLY)										(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		<u> </u>		
		M TOTAL										\$		417.51		
I) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 5/21/10 Race to the Top meeting, Los Angeles, CA											(12) NORMAL WORK HOURS					
5/04/10 Parking for Meeting CD, Sacramento											(13) PRIVATE VEHICLE LICENSE NUMBER 5mjh400					
5/06												(14) MILEAGE RATE CLAIMED				
5/07	5/07/10 Parking for Meeting CDE, Sacramento										AGENCY ACCOUNTING OFFICE					
												PAID BY REVOLVING FUND CHECK NUMBER				
i) ·																
i) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to																
vehicle safety and seat belt usage. DATE AIMANITIC COMPANY DATE The safety and seat belt usage.																
_				10/0	0/10								3/2	5/10		

RA	VEL 2 (REV. 1	EXPENSE CLAIM		See li State	nstruction ement On i	s and *Pri Reverse S	ivacy lide	•			Page	1 of	1 F	Pages	
	NT'S NAM			EMPLOYEE	NUMBER*		DEPARTMENT								
		adtkey Gaither					Governor's Office								
SITIC		idatio) Calaro	DIVISION	OR BUREAU			INDEX NUMBER								
ndersecretary SIDENCE ADDRESS 121 Street #600							of the S	ecretary	of E	on 131					
SIDE	NCE ADD	RESS:		RTERS ADD				TELEPHONE NUMBE			E NUMBER				
21	L Stre	eet #600		Street:	#600		<u> </u>								
Y		•	ZIP CODE		CITY				STATE		ZIP CODE				
acramento			CA			Sacrar	Sacramento	T TO A VODO DE A			CA		T	95814	
MONTH/YEAR		(3)	(4)	(5)	MEALS		(6)	(7)	TRANSPORTA		TION (D)		(8)	(9)	
ay —		LOCATION . WHERE EXPENSES				0.т., ц/т,		(A)	(B) .	(C) CARFARE,	PRIVA	TE CAR USE	BUSINESS	TOTAL EXPENSES	
	1	WERE INCURRED	LODGING	BREAK-		O.T., L/T, N/C, RELO. OR DINNER	INCIDEN- TALS	COST OF	TYPE	TOLLS,	MILES	AMOUNT	1 -,	FOR DAY	
\TE	TIME	• • • • • • • • • • • • • • • • • • • •		FAST	LUNCH			323.40	USED	PARKING					
	0530 - 2030	 Sacto/Los Angeles/return		6.00				373.40	'	9.00 -9.00	40.9	20.46		408.86	
	2030	- Sacto/Los Angeles/Teturn		0.00				297-0.70		0.00	10.0	20.10		100.00	
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	SUB	TOTALS		6.00				-873.40		9.00	40.92	20.46		408.86	
C))LUWIN	CODE (ACOTO USE ONLY)													
	01.4	INA TOTAL				, ,						\$		400.00	
	CLA	IM TOTAL		<u></u>								. φ		408.86	
		TRIP, REMARKS AND DETAILS (Attach rece									(12) NORMAL WORK HOURS				
5/17	/2010	RTTT Meeting with Secretary F	Reiss and	others Lo	s Angeles	s, CA				 ·	(42) DRIVATE VEHICLE LICENSE NI IMPER				
										<u>.</u> _	(10)1	(13) PRIVATE VEHICLE LICENSE NUMBER			
					•					• ,	(14) N	IILEAGE RAT	E CLAIMED		
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					·					 ,		area are	OS DELTINO	OEE-VE	
												AGENCY ACCOUNTING OFFICE USE ONLY			
											PAID BY	REVOLVING	FUND CHEC	K NUMBER	
(California	CERTIFY That the above is a true statement of the aprivately owned vehicle was used, and if mit	eage rates ex	xceed the minim	ium rate. I cert	ify that the cos	st of operattin	ig the vehicle v	vas equ	ıal			·		
t	o or greate	er than the rate claimed, and that I have met the	requirement	s as prescribed	by SAM Section	ons 0750, 075	1, 0752, 075	3, and 0754 ps	rtaining	to				l	
AIMA	VT'S SIGN	ely and Sea Pell Hears		DATE	,	(16.)	.						DATE		
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